

JPAS Image
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In re Application of:

Docket No. 01039.002500CIP

THERESA C. WHITE, ET AL.

Application No.: 09/392,476

Examiner: R.A. Wax

Filed: September 9, 1999

Group Art Unit: 1653

For: ENHANCED EXPRESSION OF PROTEINS IN
GENETICALLY MODIFIED FUNGI

Date: January 5, 2005

THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

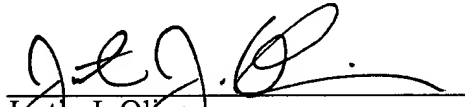
The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | |
|--|--|-------|--|-------------------------|------------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * | MINUS | ** | = | x \$25 \$50 | |
| INDEP. CLAIMS | * | MINUS | *** | = | x \$100 \$200 | |
| Fee for Multiple Dependent claims \$180°/\$360 | | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--- | | | | | | |

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

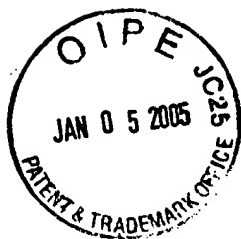
- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Justin J. Oliver
Attorney for Applicants
Registration No.: 44,986

FITZPATRICK, CELLA, HARPER & SCINTO
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01039.002500CIP



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

THERESA C. WHITE, ET AL.

U.S. Appln. No.: 09/392,476

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) Examiner: R.A. Wax
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) Group Art Unit: 1653
)
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) January 5, 2005
)
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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action of October 5, 2004, please amend the above-identified application as follows.